



NEW JERSEY DEPARTMENT OF TRANSPORTATION
DIVISION OF AERONAUTICS
INSPECTION & AIRCRAFT OPERATIONS
<http://www.state.nj.us/transportation/commuter/aviation/>
Phone: 609-530-2900/Fax: 609-530-4549

AERONAUTICAL FACILITY OPERATIONS MANUAL
NON-PUBLIC USE

FACILITY INFORMATION		
FACILITY NAME: _____		STATE LICENSE NO.: _____
LATITUDE: _____	N	FAA SITE NO.: _____ (if known)
LONGITUDE: _____	W	
ADDRESS: _____		
CITY: _____	STATE: New Jersey	ZIP: _____
OFFICE PHONE: _____	24-HR CONTACT #: _____	
PHONE (OTHER): _____		
FAX: _____	EMAIL ADDRESS: _____	
OPERATOR INFORMATION		
OPERATOR NAME: _____		
ADDRESS: _____		
CITY: _____	STATE: _____	ZIP: _____
OFFICE PHONE: _____	HOME PHONE: _____	
FAX: _____	EMAIL ADDRESS: _____	
24-HR EMERGENCY CONTACT: (NAME): _____	PHONE: _____	ALTERNATE PHONE: _____

STANDARD OPERATING PROCEDURES

SECURITY PROCEDURES: _____

AUXILIARY FIELDS: _____

COMMERCIAL AERONAUTICAL ACTIVITIES: _____

FACILITY SCHEDULE: _____

FACILITY HOURS OF OPERATION: _____

FACILITY HOURS ATTENDED: _____ (LIST HOURS) _____

FACILITY INSPECTIONS (NUMBER):

A. DAILY OR PRE-OPERATIONAL: _____

B. ANNUAL: _____

(A State Aeronautical Facility Self-Inspection Form will be used to meet the requirements for the annual inspection.)

INSPECTION DISCREPANCY CORRECTION PROCEDURES:

A. NOTIFICATION PROCEDURES:

B. PROCEDURES FOR CORRECTIONS:

AIR TRAFFIC CONTROL PROCEDURES: _____

NOISE ABATEMENT PROCEDURES: _____

FACILITY AIR TRAFFIC PATTERN(S): _____

EMERGENCY PROCEDURES

EMERGENCY NOTIFICATION NUMBERS:

OWNER/OPERATOR: _____

FIRE DEPARTMENT: _____

EMERGENCY MEDICAL SERVICES: _____

POLICE DEPARTMENT: _____

FAA FSDO: _____

NJ STATE POLICE: _____

NJ DIVISION OF AERONAUTICS: (609) 530-2900

NTSB: _____

EMERGENCY PROCEDURES TO BE USED IN THE EVENT OF:

FIRE: _____

POLICE OR SECURITY ACTIVITY: _____

RESCUE OR EMERGENCY MEDICAL SERVICE RESPONSE: _____

AIRCRAFT ACCIDENT OR INCIDENT REPORTING: (See below)

“PROCEDURE FOR REPORTING ACCIDENTS/INCIDENTS PURSUANT TO NJAC 16:54-5.1(c)”:

(c) Reporting of accidents and incidents shall be accomplished as follows:

1. Licensees or their agents shall immediately report all aircraft accidents or incidents occurring on their aeronautical facility which cause any property damage or injury to any person, as well as all known aircraft accidents or incidents occurring nearby, to the local police and to the Division.
2. Licensees or their agents shall immediately notify the Division of any accident or incident which occurs on their aeronautical facility which affects the operational capability of the facility or requires the closure or shutdown of any portion of the facility.
3. These reporting requirements as outlined in (c) 1 and 2 above do not relieve the operator or aircrew of any aircraft involved in the accident or incident from any responsibility to comply with notification provisions of FAA, State or NTSB regulations.

GENERAL OPERATING RULES		
FACILITY NAME: _____		STATE LICENSE #: _____
LOCATION: _____		
OWNER/MANAGER: _____	OFFICE PHONE: _____	
FAX: _____	EMAIL ADDRESS: _____	
24-HR EMERGENCY CONTACT #:	ALTERNATE PHONE:	HOURS OF OPERATION:
GENERAL OPERATING PROCEDURES:		

GROUND OPERATING PROCEDURES:		

VEHICLE AND PEDESTRIAN CONTROL PROCEDURES:

NOISE ABATEMENT PROCEDURES:

NOTICES TO USERS:
